

VFC Newsletter

Vaccine For Children Program

June 2008

Happy Summer!



In this edition of DC Immunization News, the Immunization Program offers some helpful hints as you chart your course for the coming months.

We appreciate your cooperation and understanding as we both learn and deal with the challenges that have come with centralized vaccine distribution under CDC's (Center for Disease Control and Prevention) Vaccine Management Business Improvement Plan (VMBIP). Things are continuously improving and we will keep you abreast of all updates and changes.

VFC Eligibility and Screening

Vaccine For Children Program (VFC) vaccines are provided at no charge to enrolled private and public providers for administration to children 0-18 years who are:

- Medicaid enrolled (including DC Medicaid managed care plans)
- Uninsured;
- Native America/Alaskan Native; and
- Underinsured (privately insured but insurance does not cover vaccines). These children are served by an FQHC such as Unity.



Providers have a responsibility to screen for eligibility at each visit and information must be documented on a Vaccine Administration Record (VAR) and/or on an Electronic Medical Record (EMR) or Electronic Health Record (EHR). All EMRs and EHRs must have all required fields to meet National Vaccine Injury Compensation Program (NVICP) requirements as well as VFC eligibility screening requirements. Please note that if upon subsequent visits a child loses Medicaid eligibility and becomes uninsured, the child is still eligible to receive VFC vaccines at your practices, and should NOT be referred to an Express Immunization Clinic.

Immunization rates for Preschool Population

The immunization coverage for 0-4 year olds in the District of Columbia, especially 0-2 year old children is very low.

Data received from Medicaid enrollment in April, revealed that the immunization coverage rate, based on DC School/Childcare requirements for children less than 1 year of age is 18.1% and for children 1 year of age the rate is 29.4%. Here are some recommended strategies for achieving higher coverage rates in this population:

Administer vaccines in a timely manner as this will greatly protect our vulnerable population and improve immunizations rates at the national level, especially when data is evaluated using National Immunization Survey (NIS) methodology.

Schedule appointments so that children are fully vaccinated by the time they turn 24 months of age, except in the event of medical risk established by the healthcare provider.

Please note that the 4th dose of prevnar will be included in the next NIS results.

Reducing the number of missed opportunities by administering all recommended vaccines with every visit. This strategy will go a long way in raising District's immunization coverage rate. During provider site visits by VFC staff, immunization record assessment revealed that missed opportunity rates ranged from 0-45%. This implies that 4 out of 10 children who were eligible for vaccines visited a provider and only some of the vaccines were given, but not all. This should not occur because it places a burden on the parents, and may have a negative impact on children getting into licensed childcare facilities.

Information and Education

VFC Reminder and Tips posters have been distributed to all sites. Information on the posters provide a summary of VFC policies, and recommended activities that would enable sites to be in compliance.

On an ongoing basis, VFC distributes all federally required immunization information to you, including VISs (vaccine Information Sheets), interim recommendations, etc. We also share updates from the centralized distributor, McKesson, regarding packaging, temperature monitors, etc. Please read and share with all staff all information that is sent to your practice, so that all may be informed.

Providers' documentation requirements and potential medication errors

All sites are strongly encouraged to work together to minimize and/or eliminate potential medication errors and also to comply with legal documentation requirements set forth in the National Childhood Vaccine Injury Act and VFC documentation requirements. In reviewing reported data from providers there are potentially hundreds of children and adults who apparently received the wrong vaccines. Analysis of the forms/reports is ongoing, and your practice will be contacted if an incorrect vaccine was administered.

It is important not to have multiple records of the same chart/file for a patient, and for all parties to communicate and work together so that errors will not occur. Staff needs to become more involved to ensure that patients do not receive incorrect vaccinations.

Steps to detect errors before vaccinations are given:

- Circle the correct vaccine on the VAR that is being given;
- Double-check all reports, VAR, inventory and vaccine order form for correctness, legibility, and completeness prior to sending them to the VFC Program.

Planning for back-to-school events and timing of vaccine orders

If you are planning for summer and fall back-to-school special clinics, please;

determine your vaccine needs and notify VFC no later than May 30, 2008.

Vaccines are shipped out of McKesson and may take

up to 3 weeks, depending on when a vaccine request is received and

take into consideration your ordering schedule as communicated to you by the VFC Program. The VFC staff will not be able to fill emergency vaccine requests (according to CDC guidelines) in the absence of emergency or because of poor planning.



Planning for 2008-09 influenza prevention season

Please see insert in this newsletter regarding the ACIP (Advisory Committee on Immunization Practices) expanded recommendations for influenza. The VFC has requested sufficient doses of trivalent inactivated influenza vaccine (TIV) and live, attenuated influenza vaccine (LAIV) to accommodate the expanded schedule for VFC eligible children. Please plan on increasing uptake in the coming season. Remember that uptake of vaccines, including flu vaccines plays an important role in the quantities of vaccine that CDC allocates to our jurisdiction in subsequent years.

We believe that everything we do can be improved and with your collaboration and cooperation, the aforementioned plans can be achieved. Enjoy reading this issue, and don't hesitate to contact us with comments, questions, or suggestions on how to improve operations.



Assessing and Improving Immunization Rates at Providers' Offices using CDC's Comprehensive Clinic Assessment Software Application (coCASA)

Immunization assessments are undertaken by several parties including CDC, state and local governments, providers, and several other organizations.

In the District Immunization Information System (IIS-Registry) is the ideal source for determining the immunization compliance rate for patients that your practice has served. AFIX (Assessment, Feedback, Information, and Exchange) is a grant required activity that the VFC Program conducts using coCASA for the assessment portion of the AFIX. AFIX (Assessment, Feedback, Information, and Exchange) is a grant required activity that the VFC Program conducts using coCASA for the assessment portion of the AFIX.

The goals of AFIX and a VFC site visit are to:

- 1) Increase the immunization coverage rate of 4:3:1:3:3:1:4 (DTaP, Polio, MMR, Hib, Hepatitis B, Varicella, Prevnar) to meet local and national goals.
- 2) Facilitate administration of all ACIP recommended vaccine available under the VFC Program.
- 3) Ensure proper vaccine storage and handling, and vaccine accountability
- 4) Assist VFC providers in the implementation of the 17 Standards for Pediatric and Adolescents Immunization Practices.

Vaccine Information Sheets (VIS)

By federal law, providers must give patients, their parents or legal representatives, the appropriate vaccine information statement (VIS) whenever a vaccination is given. *For information about usage of VIS, and for the most up-to-date VIS information in more than 20 languages and in audio, web-video, and multimedia formats, visit Immunization Action Coalition's website at www.immunize.org/vis and the CDC's website at www.cdc.gov/vaccines/pubs/vis/default.htm*

CDC Publishes a New Multi-Vaccine VIS

On January 30, CDC published a new Multi-vaccine VIS. CDC posted a FAQ document on the multi-vaccine VIS on its website at <http://www.cdc.gov/vaccines/pubs/vis/vis-news.htm#multi>

For additional VIS information, Frequently Asked Questions, Obtaining VISs, Translations, and Provider Responsibilities please go to <http://www.cdc.gov/vaccines/pubs/vis/vis-facts.htm>

VIS Updates

MMR and Varicella Vaccine Information Statements (VIS) are Updated

Since the ACIP updated the recommendations for the use of MMRV, it was also necessary to update the Vaccine Information Statements (VIS) for both the MMR and Varicella vaccines. When giving MMRV, the new VIS should be used. When giving MMR or varicella vaccine separately, the previously-published VIS may be used until stocks are depleted.

Meningococcal VIS also Updated

The meningococcal VIS was updated to incorporate the licensure of MCV for 2-10 year olds. The new edition is dated 1/28/08. Existing stocks of the last version can be used up, although the new version should be used when administering MCV to anyone in the 2-10 age group. Please note that the updated VIS is still an interim version.

Vaccines for uninsured clients:

If your practice is serving uninsured* DC residents 19 years and older, or DC residents whose health insurance is paid for by the DOH Medical Assistance Administration (MAA) and you are not already enrolled as an adult vaccine provider with the Immunization Program, please call 202-576 9319 immediately to enroll. Limited doses of adult vaccines (Hepatitis A, Hepatitis B, Hepatitis A-Hepatitis B, Td, Tdap, MMR, Varicella, Meningococcal, Pneumococcal, and Zoster) are available for the population listed above.

**Uninsured means persons without health insurance, and not working individuals who have chosen to decline employer-offered health coverage/insurance.*



ACIP Revises MMRV Recommendations

After new information was presented on the risk of febrile seizures after measles, mumps, rubella, and varicella (MMRV) vaccine, the ACIP updated recommendations to remove its previous preference for administering combination MMRV vaccine over separate injections of measles, mumps, and rubella (MMR) vaccine and varicella vaccine. The updated recommendations have been published in CDC's Morbidity and Mortality Weekly Report (MMWR) at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5710a3.htm>. This safety update provides information for health care providers about the risk of febrile seizures after MMRV vaccine, ongoing CDC and FDA MMRV vaccine safety activities, and clinical guidance for use of MMRV vaccine. For additional information, <http://www.cdc.gov/vaccinesafety/>

Reporting Vaccine Preventable Diseases

A case or suspected case of the following diseases is to be reported to the Department of Health, Division of Disease Surveillance and Investigation by calling (202) 442-9143 or by faxing (202) 442-8060. You should report cases within the number of hours indicated.

Tetanus-48HR

- *Chickenpox-48HR*
 - *Diphtheria-2HR*
 - *Measles-2HR*
 - *Mumps-2HR*
 - *Pertussis (Whooping Cough) 2HR*
 - *Poliomyelitis-2HR*
 - *Rubella (including congenital)-2HR*
 - *Vaccine Adverse Events-48HR* Along with calling Disease Surveillance for Vaccine Adverse Events please fax Jackie Campbell, RN, DC Immunization Program, at (202) 576-6418. See additional VAERS information on the last page.*
- Immunization Program, at 202 202 576-6418.*
Please see additional VAERS Reporting information on the last page.

Please see inserts:

2008 Recommended Immunization Schedules for Children Birth - 6 years, Persons 7 - 18 years, and catch-up.

2008-2009 Provisional Influenza Recommendations
<http://www.cdc.gov/vaccines/recs/provisional/downloads/flu-3-21-08-508.pdf>

New DC Immunization Regulations

Important Immunization Updates

Hib Recall and Vaccine Shortage: Over 1 million Hib doses manufactured by Merck have been recalled. CDC and its partners are asking all doctors to stop giving healthy children the booster dose of Hib vaccine at 12-15 months of age until this shortage is over. It is not thought that delaying this booster dose will put children at risk of getting Hib disease. For additional information, visit <http://www.cdc.gov/vaccines>, or call (800) CDC-INFO (English and Español) or (888) 232-6348 (TTY).

Measles Outbreak: From Jan.1 - April 25, 2008 a total of 64 preliminary confirmed measles cases were reported to CDC. Fifty-four (84%) of the 64 measles cases were importation associated. Sixty-three of the 64 cases were unvaccinated or had unknown or unknown vaccine status. For more information, visit http://www.cdc.gov/mmwr/preview/mmwrhtml/mm57e501a1.htm?s_cid=mm57e501a1_e

Updates on Meningococcal Conjugate Vaccine

On Dec. 7, 2007, CDC published "Recommendations for Use of Quadrivalent Meningococcal Conjugate Vaccine (MCV4) in Children Aged 2-10 Years at Increased Risk for Invasive Meningococcal Disease." To read the complete recommendations, go to www.cdc.gov/mmwr/preview/mmwrhtml/mm5648a4.htm.

On Oct. 18, 2007, FDA expanded licensure for the use of Menactra® to include children ages 2-10 years. Previously, the vaccine was licensed for use in persons ages 11-55 years. To view the package insert, go to www.fda.gov/cber/label/menactraLB.pdf.

A Guide to Contraindications to Vaccinations

There is a CDC guide designed to help immunization providers determine what common symptoms and conditions should contraindicate vaccination and which ones should not. It supersedes the 2000 *Guide to Contraindications to Childhood Vaccination* and, unlike that and previous Guides, contains information on all licensed U.S. vaccines, not just pediatric vaccines. A printer friendly version of the guide is available at http://www.cdc.gov/vaccines/recs/vacadmin/downloads/contraindications_guide.pdf.

Submit VAERS Reports to CDC and DC Immunization Program

The Vaccine Adverse Event Reporting System (**VAERS**) is a cooperative program for vaccine safety of the CDC and the Food and Drug Administration (FDA). VAERS is a post-marketing safety surveillance program, collecting information about adverse events (possible side effects) that occur after the administration of US licensed vaccines. Reports are welcome from all concerned individuals and organizations. VAERS reports can be securely submitted:

1) on-line at <https://secure.vaers.org/scripts/VaersDataEntry.cfm> and

2) by mail to VAERS, PO Box 1100, Rockville, MD 20849-1100. You may obtain more information about the VAERS Program and download printable copies of the

VAERS form from the following websites: the CDC's Website at <http://www.cdc.gov/vaccines> and the VAERS Website at <http://www.vaers.hhs.gov/>. Please fax VAERS reports to Jackie Campbell at the DC Immunization Program at (202) 576-6418

FDA's "A Parent's Guide to Kids Vaccines" is an excellent four-page publication for healthcare providers who provide vaccination services to infants, children, and teens. To download and print copies of the publication for parents, or to direct parents to the online publication, go to <http://www.fda.gov/consumer/updates/kidsvaccines073107.html>

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